

Case Number:	CM15-0085028		
Date Assigned:	05/07/2015	Date of Injury:	06/14/2014
Decision Date:	06/05/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male, who sustained an industrial injury on June 14, 2014, incurring injuries to the neck and back. She was diagnosed with cervical disc protrusion, thoracic myofascial pain and lumbar myofascial pain. Treatment included physical therapy, home exercise program anti-inflammatory drugs, pain medications, muscle relaxants and activity modifications. She did have improved tolerance in pain with topical antiepileptic drugs. Currently, the injured worker complained of 7/20 cervical pain with upper extremity symptoms, 6/10 thoracic pain, and 7/10 low back pain with lower extremity symptoms. The treatment plan that was requested for authorization included a prescription for a compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fluticasone propionate, ketoprofen, gabapentin, bupivacaine HCL, baclofen, cyclobenzaprine HCL, clonidine HCL, hyaluronate sodium, stera base, ethoxy diglycol, ethyl alcohol 100%, QTY 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation of intolerance to other previous oral medications. Ketoprofen is not currently FDA approved for a topical application, and has an extremely high incidence of photocontact dermatitis. In addition, Gabapentin and Cyclobenzaprine are not FDA approved for topical application. Medical necessity for the requested topical compounded cream has not been established. The requested medication is not medically necessary.